

FICIAL

Atty. Dkt. No. 074022-2907

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Maynard et al.
Title: OPTICAL ASSAY DEVICE AND METHOD
Appl. No.: 09/905,146
Filing Date: 07/12/2001
Examiner: Chin, Christopher L.
Art Unit: 1641

CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. <u>LINE GAUTHIER</u> (Printed Name) <u>Pire Gauthier</u> (Signature) <u>12/29/2003</u> (Date of Deposit)
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AMENDMENT AND REPLY UNDER 37 CFR 1.111

Mail Stop NON-FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

This communication is responsive to the Non-Final Office Action dated September 22, 2003, concerning the above-referenced patent application.

Amendments to the Specification begin on page 2 of this document.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this document.

Remarks/Arguments begin on page 5 of this document.

Please amend the application as follows:

Atty. Dkt. No. 074022-2907

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: MAYNARD et al.

Title: OPTICAL ASSAY DEVICE AND
METHOD

Appl. No.: 09/905,146

Filing Date: 07/12/2001

Examiner: Christopher. L. Chin

Art Unit: 1641

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. (703.872.9306)	
Line Gauthier	
(Printed Name)	
<i>Piero Gauthier</i>	
(Signature)	
12/29/2003	
(Date of Deposit)	

AMENDMENT TRANSMITTAL

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	3	-	20	=	0	x	\$18.00	=	\$0.00
	2	-	3	=	0	x	\$86.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$290.0	=	\$0.00
							0		
CLAIMS FEE TOTAL									= \$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

Atty. Dkt. No. 074022-2907

Extension for response filed within the first		
[X] month:	\$110.00	\$110.00
EXTENSION FEE TOTAL:		\$110.00
TOTAL FEE:		\$110.00

- [X] Please charge Deposit Account No. 50-0872 in the amount of \$110.00. A duplicate copy of this transmittal is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date Dec. 29, 2003

Respectfully submitted,

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By Richard San Pietro
Richard San Pietro
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